Onbase Workflow:

SSI-Institutional

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In 2012, South Carolina Department of Health and Human Service (SCDHHS) released a new document imaging system, Onbase, for the housing of all eligibility documents. Like many other state agencies, SC DHHS had several operational challenges, including managing budget crunches, employee retention, finding skilled applicants for open positions, implementing time sensitive policies and procedures, and managing multiple reorganizations concurrently.

One of the goals of Onbase was to assist the SC DHHS eligibility department in going paperless, which would benefit the agency budget. Another goal was to manage the caseload of the eligibility workers. When using a manual process, the equalizing of caseload is very difficult. The distribution of the caseload was directed by the number of eligibility workers in each county office and the number of applications received in the county. The moving of caseloads to workers who had smaller, more manageable caseloads was extremely difficult because the case had to physically move to that county. Therefore, with the implementation of Onbase, caseloads would no longer be dictated by the location in which the application was submitted.

While the implementation of Onbase and process driven workflow has had some positive outcomes, such as allowing applications and reviews to be worked across county and regional lines there have some been some disadvantages. The change from a caseload driven system to a process driven system has greatly impacted the SSI-Institutional program. The change has included:

- Increase in the processing time for a SSI-institutional application;

- Increase in the number of correspondence received from nursing facility providers regarding outstanding nursing home applications;

- Delays in necessary forms, such as the DHHS Form 181 and DHHS 118A Form, from being forwarded to nursing facilities and Community Long Term Care;

- Delays in services being provided to nursing home and HCBWS applicants; and

- Impacts to the budgets for various program areas in the agency.

With the rollout of Onbase a new work process was also rolled out in conjunction with document management system. DHHS eligibility changed from caseload driven system, in which the eligibility worker maintained a caseload for which he or she was responsible for completing all the actions required to complete the case to a process driven system. Caseload systems are often intensely manual, paper-driven, affected by delay and poor visibility, with isolated parts of the process automated by legacy systems or spreadsheets. There are two main reasons why case management is so poorly supported. First, it is fundamentally more challenging to automate than other processes because of the extent to which cases processes must support human knowledge, judgment and discretion to determine their outcome. It is harder to manage the complexity and changeability of a case in an automated system. With this new process driven system, the eligibility worker was no longer responsible for maintaining a caseload but is responsible for completing certain task associated with their assigned role.

Every worker is assigned a role and every role is associated with a particular task, which is also associated with a queue. A queue is a holding place where documents that need to be viewed or acted on are stored until a worker assigned to that queue retrieves the document and makes the required actions. Each worker is responsible for clicking on the queues associated with their role. This is the process driven workflow is used for most Medicaid programs such as:

- FI-related, applications and reviews that relate to families and children
- SSI-related, applications and review that relate to aged (65 and older) and disabled individuals,
- SSI-related Institutional, applications and review that relate to aged and disabled individuals who meet the level of care for institutional services.

In Onbase, SSI-Institutional includes, General Hospital, Nursing Home, Home and Community Based Services (HCBS) and Optional State Supplementation (OSS). However, for the purpose of this paper I will be discussing the process improvements related to the process driven workflow for the SSI-institutional programs, Nursing Home and Home and Community Based Waiver Services (HCBWS). I selected these two categories because in addition to the applicant meeting income and resource requirements, there are two additional criteria that are specific just to Nursing Home and HCBS. The two criteria are level of care and the five year look-back.

A Level of Care (LOC) is a determination of medical necessity for care. An eligible individual must meet either an Intermediate or Skilled level of care. Community Long Term Care (CLTC) or its designee must certify the individual's level of care before Medicaid can pay for long-term care services. The eligibility worker is informed of the findings in writing. The DHHS Form 185, Level of Care Certification Letter, issued by CLTC, or the DHHS Form 210, Resident Case Mix Classification Change, issued by a nursing facility, is used for notification on nursing home applicants/ beneficiaries. The DHHS Form 118/118A, Client Status Document, is used to notify the eligibility worker when the individual is a HCBS applicant/beneficiary (South Carolina Medicaid Policy and Procedure Manual, 2014).

A five year look-back is required to when an individual applies for Medicaid coverage for

nursing home or HCBS determine if there has been a transfer of assets. If a transfer has occurred, the eligibility worker must determine if a penalty applies. The five year look-back requires the eligibility worker looking into financial accounts, probate and conducting property searches (South Carolina Medicaid Policy and Procedure Manual, 2014,).

Data Collection

An electronic survey was developed and e-mailed to eligibility caseworkers and supervisors who are responsible for processing and reviewing nursing home and HCBWS applications and reviews. The purpose of the survey was to ascertain the thoughts and feelings of the eligibility workers on the complexity of the Onbase Institutional workflow, confidence in their Medicaid determinations and satisfaction with the process.

Query reports from Onbase and from the Medicaid Eligibility Determination System (MEDS) that are used to monitor applications and worker activity were evaluated and used to gather information. There were several reasons for using these reports such as:

- To determine any trends in processing times,

- To determine the most common actions taken by the eligibility workers on applications,

- To obtain a comparison of processing times of applications before and after the implementation of the process driven system, and

- To determine any trends in the number of times different workers took actions on the same cases.

In addition to reports, I contacted other states in the region, North Carolina (Mecklenburg and Catawba County) and Georgia to gather information about their procedure for processing

Institutional applications. I also contacted the Utah Medicaid agency because they have been very innovative in their use of technology in processing and procedures for Medicaid. .

For the purpose of the study, I also kept records of the most common comments and concerns from nursing facility providers about Medicaid applications. The objective of keeping records was to determine the extent to which the process change had affected one of the agency's stakeholders.

Data Analysis

In December 2013 I emailed a survey to approximately ninety Institutional eligibility workers. Of the approximately ninety workers that were surveyed, 86 workers responded. Fifty-eight of the workers who responded stated they have been working institutional cases for 3 or more years and 10 workers a year or less. (Appendix A)

The results of the survey found that while twenty-seven (27%) percent of the Institutional workers feel that the Onbase workflow process is simple, forty percent (40%), the plurality of Institutional eligibility workers found it to be difficult. In addition, when looking at the confidence of the Institutional workers in their determination (i.e. approvals and denials), forty-eight percent were confident in their decision, thirty-five (35%) percent were not as confident and seventeen (17%) percent were neutral on the subject. Also, when questioned about the satisfaction with the workflow, fifty-six (56%) percent were not satisfied, while twenty-eight (28%) percent were satisfied. Finally, when asked for their suggestions or comments the most common mentioned were:

- Institutional cases were very complex and harder to work in Onbase;
- To many workers were handling or touching a case; and

- That it takes longer to process a case using Onbase.

The Onbase worker activity and MEDS query reports were used to determine trends in processing time and eligibility worker actions. Upon viewing the Onbase reports I was able to ascertain that in August, September, October and November of 2013, the majority of actions were setting up follow-up dates. (Appendix B) Follow-up dates indicate that a valid reason exists for exceeding the forty-five day standard promptness or additional information is needed from some other entity besides the applicant.

Utah Department of Health also maintains their Medicaid documents electronically. The majority of eligibility workers in the state of Utah are specialized with certain programs. The Medicaid, Child Care, Financial Assistance and Food Stamp programs are all categorized in a hierarchical order; with long term care Medicaid (institutional) being the most specialized in the state. Within the long term care (LTC) hierarchy there are some workers that specialize in processing only Nursing Home programs. Others workers specialize in processing Waivers and other Medicaid combined programs (combination cases). All Institutional (Long Term Care) workers maintain a caseload. Nursing Home Medicaid only workers carry an average of 600-650 cases. Waiver only workers carry an average caseload of 650-1000 cases while combo workers average 600-650 cases. All Nursing Home workers are currently assigned to work with specific facilities within the State. The number of facilities assigned to a worker is dependent upon the volume of Medicaid patients the facility has, these workers are all physically located in a State of Utah owned/managed operations center (eligibility determination facility), with a few being allowed to telecommute. These workers are not located in Nursing Homes. Utah also has allowed certain corporations to contract with the State to have "seeded" workers on site. These contracts require the corporation to pay to the State of Utah at least half of the workers annual

salary. This process is fairly new and the data results coming from this process are proving this is not cost effective and are being discouraged from any future use.

For North Carolina the Medicaid program is county run, therefore I contacted two separate counties to determine the methods used to process their Institutional cases. In Mecklenburg County, N.C. the Institutional workers are separated into two groups, applications and redeterminations. The application team consists of five workers, who handle all the interviews and process all mail-in and drop-off applications. Every worker must maintain the case until it completely processed. The redetermination team is composed of ten workers who handle all redeterminations and changes. In additional all workers are partnered with a facility, for which they handle applications or redeterminations.

Catawba County, NC is similar to its counterpart Mecklenburg County. In Catawba County, there are also two teams. One team handles all the private living cases. The other team handles the long term care, PACE and Assisted Living programs. Each worker maintains a caseload of approximately 249-250 cases. They stated that their average processing time is thirty days.

From the correspondence I had with various nursing facilities there has been a consistency among them in their feelings about the change in process. The most common contact has been about the length of time that it is takes for the facilities to be notified of a residents Medicaid approval. Nursing facilities are informed of an applicant's approval typically by the DHHS Form 181. The DHHS Form 181 is the Notice of Admission, Authorization and Change of Status for Long Term Care. This form also informs the nursing facility about the

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patients recurring income, which is the amount that the nursing home resident is responsible for paying toward their cost of care.

Another issue often reported by nursing facilities is the confusion about who to contact to get updates and information from at the local county office. Since the change from caseload to process driven, the nursing facilities no longer know which Medicaid eligibility worker to contact. Facilities states they often talk to several different workers and the information they receive is often inconsistent. Facilities have expressed feelings of frustration with the new process.

Implementation Plan

The first change to be implemented would be to create a new document type queue just for Institutional authorization forms, DHHS Form 181 and DHHS Form 118. Currently these two documents are considered as categorical documents for the purpose of housing in Onbase. In addition to the DHHS Form 181 and DHHS Form 118, several other documents are also considered categorical documents. A few examples of these documents can include; request for school records, Medical Support Referral forms, pregnancy verifications, disability reports and in-home care certification. The DHHS Form 181 and DHHS Form 118 are extremely important to the process as they often require an immediate action by eligibility worker and also must be forwarded to either a nursing facility or CLTC. This is a fairly easy change that can be done almost immediately.   Changing the document type in Onbase for the housing of the DHHS 181 and DHHS 118, would be one of the quickest ways to assist in the improvement of the process. However, the goal is to go paperless and find a way to make the forms electronic. This would

require some system changes and a work group with representatives from Onbase, MEDS and Medicaid Management Information System (MMIS).

As mentioned earlier the Institutional program is a very complex area especially when compared to the FI-related programs. Therefore, another change that I believe would be beneficial is to combine the caseload and process driven systems. With this change, the eligibility Institutional workers in each region will be separated into two groups: applications and redeterminations. The Institutional eligibility worker would not have a caseload in the sense where it is assigned based on alphabet, county or region, the eligibility worker would go to the queue and the next available new application or review would be "assigned". Once the eligibility worker was assigned that application, they would be responsible for all actions needed to make a final determination. This change would ensure request for information would be made and received by the same eligibility worker. This would also ensure that the applicant, his or her family member and providers would have a point of contact for any questions or concerns during the application process. Once the application has been processed, either approved or denied, the case no longer belongs to that specific eligibility worker. Any changes or redeterminations could be handled by any eligibility worker. With the use of Onbase, the agency is able to make sure that applications are evenly distributed however; this change would provide our stakeholders the customer service they need during the application process.

Implementation will take at least 6 months, since the workflow that was built into Onbase would have to be reconfigured. Prior to making changes in the system, I would contact the other states to get more information on their workflow and how they built it into their respective document management systems.

Since this change is a process change and not a policy change, approval is not needed from Centers for Medicare and Medicaid Services (CMS). However, there would need to be approval from John Supra, SC DHHS Chief Information Officer and Michael Jones, Eligibility, Enrollment & Member Services Director .

Although this change would be similar to the caseworker process that Eligibility maintained in the past, it is still a process change. Based on the response from the survey that I completed, many workers would like to go back to a caseworker system; however, I believe worker buy-in would be an obstacle. There have been several system and process changes, as well as reorganization changes in the last two years and I believe that there may be some resistance to any new changes.

Evaluation Method

The amount of time that it takes to process an Institutional application must be evaluated. The evaluation of time should include the point from which the application is submitted until the point at which the final determination is made. MEDS query reports can be used compare the processing time of the applications. The MEDS query reports are available back to May 2011 and would be a useful tool for comparing the average processing time for Institutional applications. Using the MEDS query reports would allow the agency to compare the old caseload driven style to the current process driven style and also to the proposed modified caseload style once implemented.

The time spent working applications and reviews should be evaluated. First, we should start by selecting a few Institutional workers in every region to monitor the amount of time it takes them in completing the most common tasks associated with processing a nursing home or HCBS applications and review. Example of the common tasks can include:

- Reviewing the initial institutional application;

- Completing property searches (online and at the courthouse);

- Completing a checklist;

- Reviewing submitted documents; and

- Length of time spent with applicant and/or authorized representatives (interviews, phone conversations).

This step is very important because it will allow the agency to determine the amount of workers needed to process the institutional workload. This will also help the agency set realistic work goals for eligibility workers. The query reports and Onbase reports should also continue to be used to monitor workloads and actions taken by eligibility workers.

The SC DHHS United Way Call Center also could be a valuable tool for evaluating the proposed change. The Call Center has the capability to collect data related to the reason for constituent calls. The Call Center should monitor and record data for any telephone calls related to the processing of SSI-Institutional applications and/or reviews. The data collected would assist the agency in determining what questions, concerns and complaints the applicants and beneficiaries may have.

Surveys should be used throughout the process to continue to gather information from eligibility workers about any changes made to the work processes. This will help to make improvements throughout the process, and make any changes that may hinder eligibility determination from being made in a timely manner.

In addition to surveying eligibility workers, other stakeholders such as nursing facilities and applicants/beneficiary's should also be surveyed. Random surveys by phone, mail or email could be sent to applicants and beneficiary's after applying and receiving a Medicaid

determination. Customer service surveys are often used with private sector companies to obtain feedback from their customers and this practice could greatly benefit our agency.

Summary and Recommendations

Supervising the management of case loads, optimizing resources, and balancing the work load between different units, counties and regions was difficult with the manual, paper-based system. The implementation of Onbase, as an electronic document management has been one step in the right direction to help manage the large caseloads. However, our goals were to also to improve service to South Carolina applicants and provide beneficiaries quicker updates, faster processing times and higher quality decisions.

By using Onbase with a caseload system, supervisors have the ability to easily monitor the productivity of their staff, determine bottlenecks and make modifications to work distribution electronically. This would allow applications to be processed much faster with higher quality decisions and improving customer service.

I recommend that we contact other state agencies that in the past have worked paper caseloads and have since changed to electronic document management. These state agencies do not all have to necessarily be Medicaid agencies, as many other state agencies have the same issues.

Also, as mentioned earlier I believe it would be very beneficial to get feedback from the Medicaid applicants. By finding out some of the difficulties they are having with the process, we could make sure to address those issues when making changes to the system.
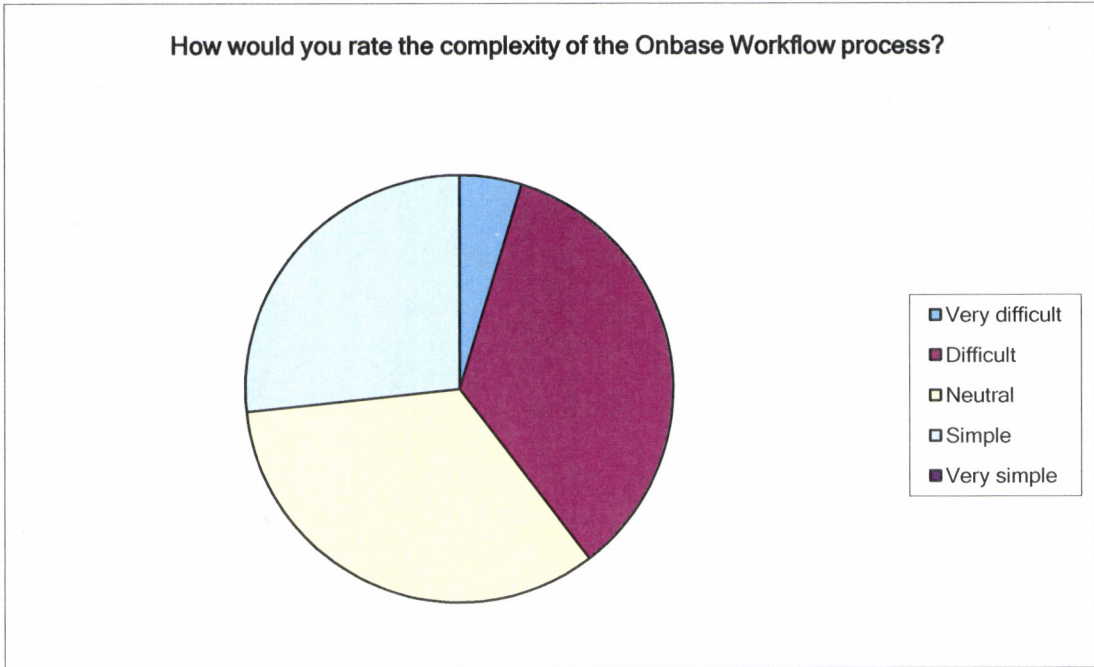
References

Case Management Society of America and National Association of Social workers (2008). Case Management Caseload Concept Paper: Proceedings of the Caseload Work Group. Retrieved from www.cmsa.org/portals/0/pdf/CaseloadCalc.pdf

South Carolina Department of Health and Human Services Medicaid Policy and Procedure Manual, (2014).
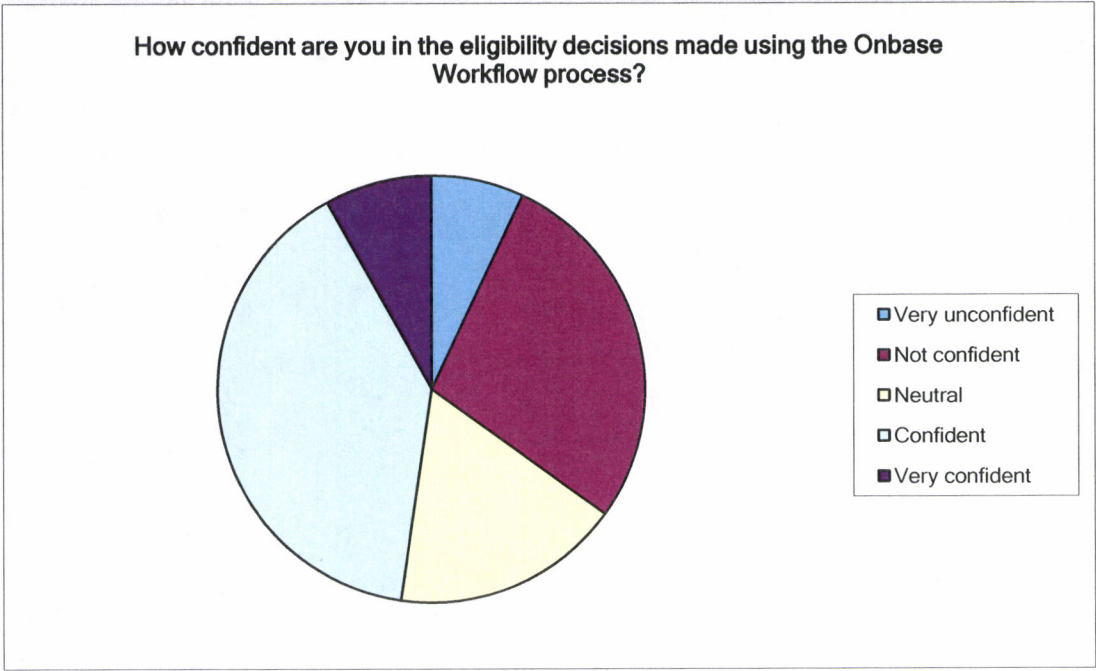
Onbase Workflow Process Survey

1.

How would you rate the complexity of the Onbase Workflow process?

Answer Options	Response Percent	Response Count
Very difficult	4.7%	4
Difficult	34.9%	30
Neutral	33.7%	29
Simple	26.7%	23
Very simple	0.0%	0
	answered question	86
	skipped question	0

How would you rate the complexity of the Onbase Workflow process?

- Very difficult
- Difficult
- Neutral
- Simple
- Very simple

2.

How confident are you in the eligibility decisions made using the Onbase Workflow process?

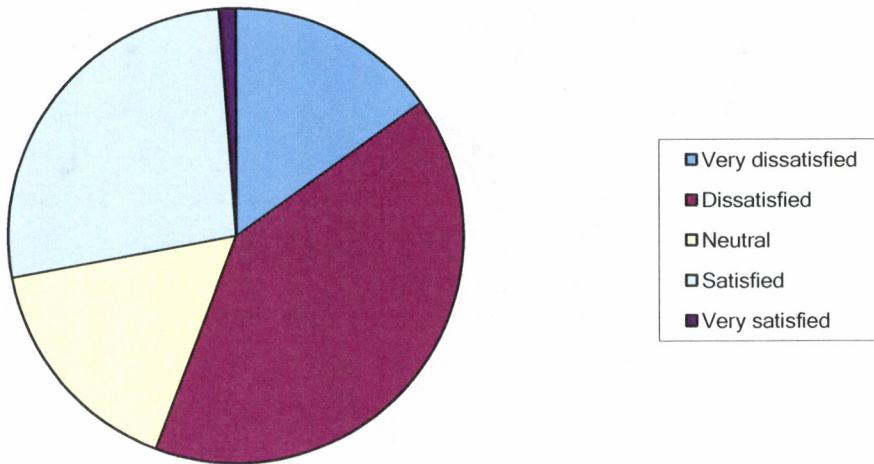| Answer Options	Response Percent	Response Count
Very unconfident	7.0%	6
Not confident	27.9%	24
Neutral	17.4%	15
Confident	39.5%	34
Very confident	8.1%	7
	answered question	**86**
	skipped question	**0**

How confident are you in the eligibility decisions made using the Onbase Workflow process?

3.

Overall how satisfied are you with the Onbase Workflow process?

Answer Options	Response Percent	Response Count
Very dissatisfied	15.1%	13
Dissatisfied	40.7%	35
Neutral	16.3%	14
Satisfied	26.7%	23
Very satisfied	1.2%	1
	answered question	86
	skipped question	0

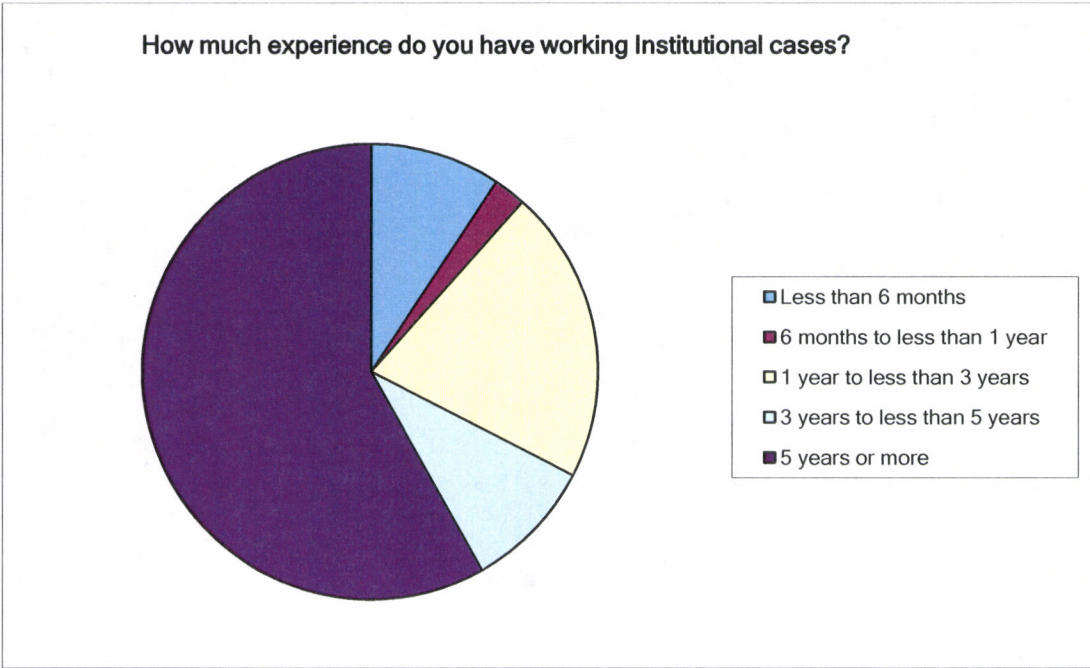**Overall how satisfied are you with the Onbase Workflow process?**

Legend:
- Very dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very satisfied

4.

How much experience do you have working Institutional cases?

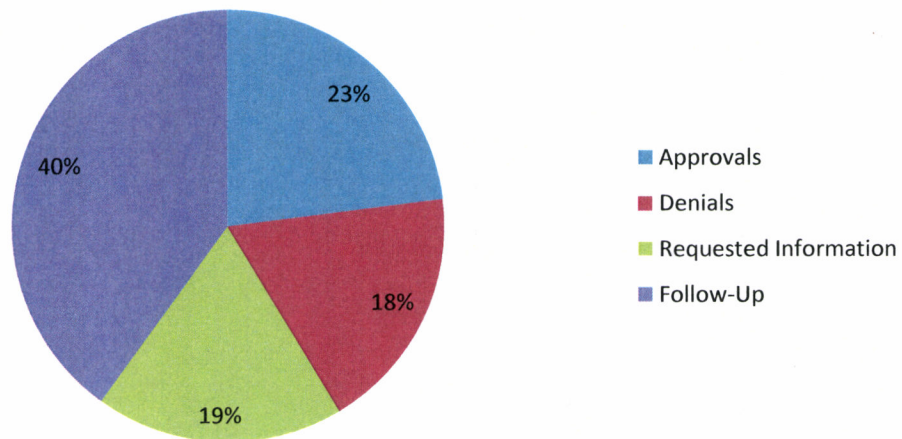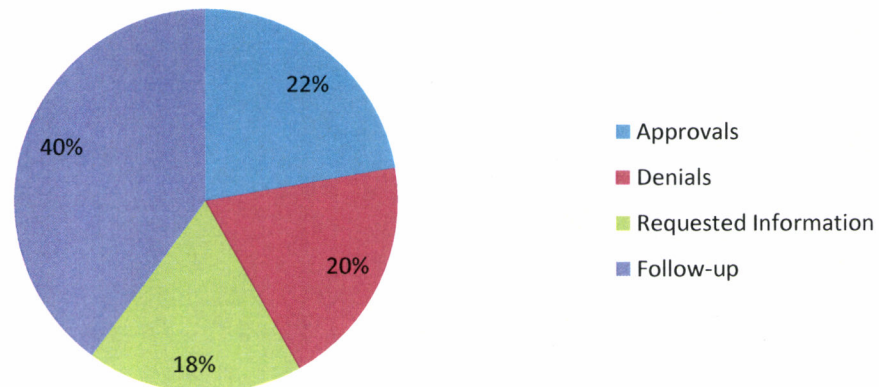| Answer Options	Response Percent	Response Count
Less than 6 months	9.3%	8
6 months to less than 1 year	2.3%	2
1 year to less than 3 years	20.9%	18
3 years to less than 5 years	9.3%	8
5 years or more	58.1%	50
	answered question	86
	skipped question	0

How much experience do you have working Institutional cases?

- Less than 6 months
- 6 months to less than 1 year
- 1 year to less than 3 years
- 3 years to less than 5 years
- 5 years or more

5.

Do you have any suggestions for improvements or additional comments?

Answer Options	Response Count
	61
answered question	61
skipped question	25

Onbase Worker Activity Report – Actions

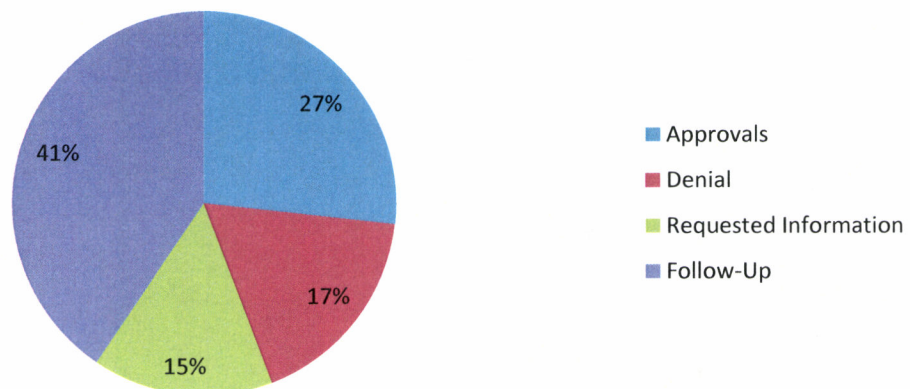## August 2013 Onbase Worker Activity Report

Legend:
- Approvals
- Denials
- Requested Information
- Follow-Up

23%
40%
18%
19%

September 2013 Onbase Worker Activity Report

Legend:
- Approvals
- Denials
- Requested Information
- Follow-up

22%
40%
20%
18%

October 2013 Onbase Worker Activity Report

- Approvals — 27%
- Denials — 16%
- Requested Information — 17%
- Follow-up — 40%
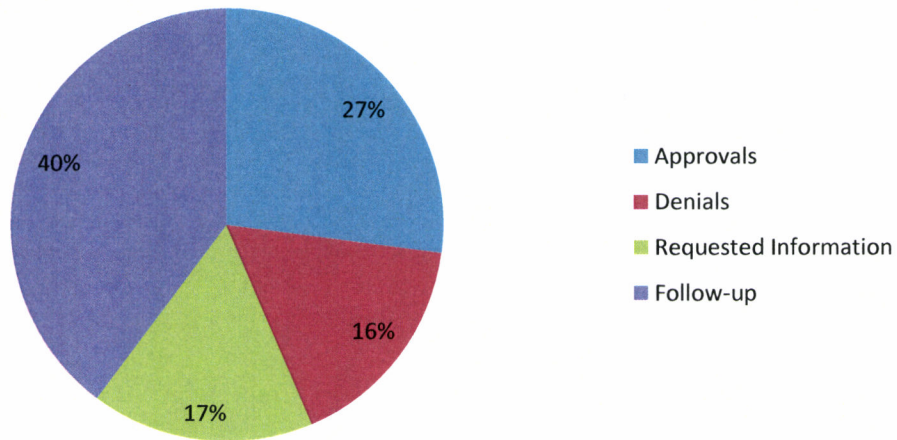
November 2013 Onbase Worker Activity Reports

- Approvals — 27%
- Denial — 17%
- Requested Information — 15%
- Follow-Up — 41%

Appendix C

Pending Institutional Applications - Comparison by Year

Chart data:
- Apr-11: 1060
- Apr-12: 1331
- Apr-13: 2294

Pending Institutional Applications - Comparison by Month

	Sep-13	Oct-13	Nov-13
Nursing Home	1739	1726	1768
HCBS	1037	1006	1026